

<b>Case Number:</b>	CM14-0074774		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male with a reported date of injury on 04/05/2013. The injury reportedly occurred when the injured worker slipped on a step on a rail and twisted his left knee. His diagnoses were noted to include, left knee sprain and right supraspinatus strain. His previous treatments were noted to include physical therapy and steroid injection. The progress note dated 05/19/2014 revealed the injured worker reported his symptoms were worsening. The physical examination of the left knee revealed mild tenderness to the medial meniscus and prepatellar region. There was full range of motion with pain and positive apprehension and McMurray's test. The right knee examination revealed full range of motion and negative with orthopedic tests. The physical examination to the right shoulder revealed mild tenderness to the deltoids and supraspinatus. There was full range of motion with pain and positive impingement syndrome. The motor examination revealed 5 out of 5 to bilateral upper extremities and intact sensory examination. The Request For Authorization form was not submitted within the medical records. The request is for aquatic therapy x 6 visits; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Aquatic therapy x 6 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99.

**Decision rationale:** The request for aquatic therapy x 6 visits is non-certified. The injured worker has been attending physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example; extreme obesity. Water exercise improves on components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided indicated the injured worker was receiving physical therapy, however, there is a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements with previous physical therapy sessions and additionally, the number of sessions completed. The guidelines recommend aquatic therapy for reduced weight-bearing and there is a lack of documentation regarding the need for reduced weight-bearing. Therefore, the request is non-certified.